STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Dold for Cong	ress	<u> </u>		<u> </u>
ADDRESS (number and s	PO Box 8145			
(Check if address is changed)	Northfield			60093 8145
		CITY	STATE	ZIP CODE 🛦
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e- cmarston@nrreports			
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL) www.doldforcongres	ss.com		
2. DATE 0.4	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		_	
3. FEC IDENTIFICA4. IS THIS STATEM		C C00465971 X AMENDED (A)		
I certify that I have examined a Type or Print Name of	ned this Statement and to the best of my known the	owledge and belief it is true, correc	and complete	
Signature of Treasurer	Electronically Filed by Chris Mar	rston	Date 04	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information ma	y subject the person signing this t	•	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95 Local 202 694 1100	mission	FEC FORM 1 (Revised 02/2009)